

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-041067

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED OCT 26 1962

1. PLACE OF DEATH

a. COUNTY **ST LOUIS**b. CITY (If outside corporate limits, give TOWNSHIP only)
OR **TOWN & COUNTRY**Length of stay in lb
YEARSc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION **12109 CLAYTON RD**Inside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **MISSOURI** b. COUNTY **ST. LOUIS**c. CITY
OR
TOWN **TOWN & COUNTRY**Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS (If outside, give location)
12109 CLAYTON RDReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

CHARLES MARVIN HIRKHAM4. DATE
OF
DEATH

Month

Day

Year

OCT 12 1962

5. SEX

MALE

6. COLOR OR RACE

WHITE7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4/21/1916

9. AGE (last birthday)

46

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)**ATTORNEY**

10b. KIND OF BUSINESS OR INDUSTRY

LAW

11. BIRTHPLACE (City and state or country)

PADUCAH KY

12. CITIZEN OF WHAT COUNTRY

U.S.A

13a. FATHER'S NAME

C.P. HIRKHAM

13b. MOTHER'S MAIDEN NAME

NAN DUNLAP

14. NAME OF HUSBAND OR WIFE

BERNICE HIRKHAM

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

YES**WW 2**

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

BERNICE HIRKHAM 12109 CLAYTON RD

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Brain damageINTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Gunshot wound of head

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☒

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Self inflicted gunshot wound of head20c. TIME OF
INJURY
10:30Hour
300
p.m. Month, Day, Year
10/12/6220d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)
bedroom of home

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

Town & Country, St. Louis, Missouri

21. I attended the deceased from _____, to _____

10:55

p

Death occurred at _____

and last saw her alive on _____
on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Coroner

22b. ADDRESS

Clayton, Missouri

22c. DATE SIGNED

10/17/6223a. BURIAL, CREMATION, OR
REMOVAL (Specify)

23b. DATE

OCT 16 1962

23c. NAME OF CEMETERY OR CREMATORY

CAN GROVE CEM

23d. LOCATION (City, town, or county)

ST. LOUIS COUNTY MO

(State)

24. FUNERAL DIRECTOR

ADDRESS

Stock MORTUARY 889 S BRENTWOOD

25. DATE RECD. BY LOCAL REG.

10-15-62

26. REGISTRAR'S SIGNATURE

John B. Murphy

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59**14000****24000**

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Paul A. Wachter

Licensed Embalmer No. 4787

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.